

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470

RECEIVED



LOBBYIST REGISTRATION FORM FEB -3 480:15

(See back of this form for instructions)

	(.)	Print Clearly)	ATEETHICS SOF	M SSIGN	
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	-	TELEPHONE	
Hahn,	Dale	С.		536-5688	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
84 N. King Street		Honolulu,	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE					
Pacific Management C	onsultants, Inc.			536-5688	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
84 N. King Street		Honolulu,	HI	96817	
PART II ORGANIZATION NAME OF ORGANIZATION YOU LO	BBV FOR (Do not abbreviate)			TELEPHONE	
NAME OF CHARMENTON TOO LOT	351 TOTT (50 Not dobleviate)			TELETIONE	
American Resort Deve	lopment Assn.	(O)1 \ \ .	70.	202-371-6700	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
1201 15th Street, NW	, Suite 400	Washington,	DC	20005	
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZA	TION'S EXPENDITURES STA	TEMENT	TELEPHONE	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
		2 L +	La Maria		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education Human Services Science, Technology & Economic Development				
Communications & Government Operations & Intergovernmental Relations, X Tourism & Recreation International Affairs					
Consumer Protection & Commerce					
Culture, Arts, Historic Preservation	Health	Planning, Land Use Manageme	& Water (Other: (indicate below)	
Ecology, Energy,	Housing	Public Safety &	Corrections		
Environmental Protection		· · · · · · · · · · · · · · · · · · ·			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
(Signature of Lobbyist) January 16, 2003 (Date)			6, 2003 tel		
.,0	ignature or Loobyisty				
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF AUTHORIT	"NO OFFICED OF P	TOOM DEDDECEMEN	
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Stephany Madsen					
NAME OF ORGANIZATION (if applic	able)			TELEPHONE	
American Resort Deve	lopment Assn.			202-371-6700	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
1201 15th Street, NV	•	Washington,	DC	20005	
I hereby authorize the aboye-named person to engage in lobbying activities on behalf of the undersigned.					
Stephann Alladien 1-30-03					
(Signature of Author	orizing Officer or Person Repre	esented)	(Da		